

MEDICAL ADVISORY COMMITTEE

MESOPOTAMIA INQUIRIES

REPORT AS TO SHEIKH SAAD

October, 1916



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MEDICAL ADVISORY COMMITTEE.

MESOPOTAMIA INQUIRIES.

Report as to Sheikh Saad.

1. We arrived at Sheikh Saad on October 5th and left on October 10th. This being riverhead and a military area likely to grow, we gave special attention to the various camps and hospitals, and also to the arrival and despatch of food supplies and their bearing on the scurvy in the corps area.

2. We received every assistance from the Assistant Director of Medical Services, Major Goodbody, I.M.S., and were very favourably impressed with the general preventive and sanitary measures which he has carried out and is initiating. We are much indebted also to the Base Commandant, to Major Hughes Hallot, Assistant Director of Supply and Transport, to Captain Young, R. E., Assistant Director of Works, and other officers.

GENERAL SANITARY CONDITIONS AND REQUIREMENTS.

3. From a health point of view, the area is as suitable as another in this neighbourhood for military occupation. Its chief drawbacks, its bareness and absence of shade, its dust and sandflies at the present season; its mud in the wet weather and its mosquitos in the early summer, are common to the whole region.

4. Besides the garrison troops, there are large camps for the porter and labour corps. The tentage and sanitation of these camps is at present reasonably good, and so far as we could ascertain their food was suitable and sufficient. Improvement in the latter respect followed vigorous action by the Assistant Director, Medical Services, in August to eliminate unfit men from the 1st Porter Corps and get rid of scurvy cases. Very few new cases of scurvy have lately occurred among them.

5. As regards the garrison troops and troops in the rest camps our attention was specially drawn to the occurrence of cases of diphtheria in the 2nd Norfolks and cases of the enteric group in the 2nd Dorset Regiment. To these reference is made below (paragraphs 14 and 17). Otherwise there was no notable occurrence of epidemic disease among the British troops, though there was a good deal of minor sickness from so-called sandfly fever and miscellaneous causes. Efforts are being made to treat these milder cases, until they are fit to return to duty, at Sheikh Saad Hospitals, without sending them down river. This applies also to the Indian troops. All cases of definite scurvy among the Indian troops (paragraph 15 below) are evacuated by river as soon as practicable.

6. The sanitary condition of the camps and lines of the 2nd Dorsets, the 2nd Norfolks and 1-6th Devons was very good, considering the paucity of available material. Attention was drawn to some defects in the sanitary condition of the rest camps, which were noted by the sanitary officer who accompanied us. The bridge head post on the left bank is adjacent to a very insanitary area (slaughter-house; native herdsmen, etc.) which requires immediate attention. We have conferred with Major Goodbody on this matter and understand that it will at once be taken in hand. The condition of the latrines in some of the redoubts also needed attention, as they afforded breeding places for flies. Continuity of sanitary work as regards the redoubts should be secured by the Sanitary Section as the units in occupation are constantly being changed.

7. A place with so much coming and going of troops, new drafts, etc., with its labour population, its convalescent camp and hospitals and its constantly changing conditions and development, needs close and continuous sanitary inspection if it is to be kept healthy. This has been realised and

a sanitary section for the whole area is being formed. We are satisfied that an efficient sanitary unit is badly wanted and should get to work without delay. Unfortunately the Officer Commanding of the new unit is now going back on expiry of his contract. It is important therefore that his successor should arrive as soon as possible, get to know the area and organise the section during the present favourable season. He should act under the Assistant Director of Medical Services as chief sanitary officer for the whole area. If he is not of the Indian Medical Service or acquainted with Hindustani an assistant officer with this qualification is essential. The section, we understand, is to comprise British orderlies in addition to the staff of native sweepers (70—100). The British orderlies should be obtained at the earliest practicable date and the normal allowance of 10 orderlies to the section should be increased as required.

8. The sanitary section is specially needed for daily attention to the condition of cookhouses, prevention of food from contamination and dust, and to the incinerator and latrine areas. Cooking sheds and fly-proof cupboards or boxes (see our Basrah report) are badly needed ; also the provision, in advance of the wet and cold weather of roofed latrines, closed incinerators, latrine seats (see our Basrah report) and ablution places. We discussed with the Assistant Director of Medical Services and with the Assistant Director of Works, Captain Young, R.E., plans for making these structures as efficiently as possible with limited material. Progress of course depends entirely on what material arrives ; we would lay stress on the fact that the total amount required for these sanitary purposes is not large, and would urge that all possible priority should be given these necessary requisitions. A supply of incinerator bars, in particular, is urgently called for.

9. We are informed that every effort is being made to forward the centrifugal pumps, piping, etc., required for the scheme of general water supply (two guarded intakes from the Tigris, and two sets of distributing mains). This supply when completed should remove many existing risks of water-borne disease, besides saving much labour of cartage and hand carriage of water. The present small intakes are often just below ships moored off the bank, and a source of constant anxiety and risk.

10. It is unfortunate that no service tanks can be provided, so that in the first instance arrangements must be made for intermittent supplies yielded by pumping direct into the mains. Until tanks are available and a gravitation supply secured, we think that sedimentation and chlorination should be carried out, under due supervision, in the tarpaulin tanks, etc., at the places of delivery, and not attempted for the water in bulk at the intakes.

11. In this connection it is important that the sanitary section should see that the system of controlling the chlorination by the starch and iodine test is thoroughly carried out : at present it is frequently omitted altogether.

12. The men of the porter and labour corps in the earlier part of the year were very lousy. Looking to the risks of relapsing fever and typhus, and our experience of the former among Indian troops working on the Suez Canal last year, we think that arrangements ought promptly to be made to enable the clothing, blankets, etc., of large bodies of men to be rapidly disinfected in bulk. An Arab house has been selected for a disinfecting chamber and would serve this purpose if one or two small Clayton machines are despatched.

NOTES ON SOME SPECIAL DISEASES.

13. *Cholera*.—The last considerable group of cases was that on the P.-50 arriving at Sheikh Saad in mid-August (33 cases, 105th Mahratta Infantry). In September, 7 cases were treated at the cholera hospital ; and up to October 10th four cases—nearly all of these were brought by ship, a very significant fact on which we propose to comment further at a later date.

14. *Diphtheria* —We have conferred with the Assistant Director of Medical Services, and with Captain Acton, Indian Medical Service, as to the measures to be taken to deal with prevalent diphtheria in the 2nd Norfolk Regiment. This battalion (strength about 450) had, up to October 4th, sent 19 cases of

diphtheria or suspected diphtheria to the isolation hospital since its arrival at Sheikh Saad on September 18th. Cases of diphtheria were occurring in this Regiment when it left Gurmat Ali for Sheikh Saad; the Assistant Director, Medical Services, of the latter place would have been able to deal with the matter more promptly if he had received in advance a notification of the infectious disease occurring in this unit. We also advised as to some 10 cases of diphtheria in a draft of the 1st Manchester Regiment (strength about 70). The latter was on its way to the corps where there is at present little or no diphtheria; its small size renders examination of swabs from the whole draft practicable, and we advised that this should be done before the draft goes forward by the Bacteriologist (Captain Acton), who had been sent from Amara.

15. *Scurvy*.—The Assistant Director of Medical Services gave us figures for recent local admissions to Sheikh Saad hospitals from scurvy (Indian troops and followers).

Week ending	July 29th	198 cases.	Week ending	September 2nd	74 cases.
" "	August 5th	54 "	" "	" 9th	47 "
" "	" 12th	*344 "	" "	" 16th	44 "
" "	" 19th	94 "	" "	" 23rd	52 "
" "	" 26th	96 "	" "	" 30th	19 "
				October 7th	30 "

* Following a special examination.

Inquiries are being made as to the time that local cases have been in Sheikh Saad before being taken ill with scurvy, and the total length of time the new scurvy cases have been in Mesopotamia. To these and other aspects of the question of scurvy we propose to refer after our enquiries in the corps area. Sheikh Saad hospitals have been full of scurvy cases (some very severe) which have been sent down from the corps: thus in the period July—September 1916, No. 61 I. G. H., admitted 644 local cases as against 2,900 from the corps area. In the return from which these figures were obtained, scurvy case constituted 87 per cent. of the total cases analysed. In connection with this and other diseases it is important that the Assistant Director of Medical Services should be better informed than at present regarding the ration strengths of the forces in his area; without this information it is impossible to obtain reliable evidence of the intensity of prevalence of any particular disease or of the real amount of sickness from all causes.

16. *Malaria*.—The probability that many of the borrow its lately made will become breeding grounds for mosquitos next year should be remembered. It would be well to fill them up as far as possible by earth brought in from a distance, and possibly at a later stage the railway could be used for this purpose.

17. *Enterica*.—The Medical Officer of the 2nd Dorset Battalion, Captain Crichton, R.A.M.C., informed us that of the 53 cases transferred from his aid post to hospital in August, 35 appeared to belong to the enteric group; the corresponding figures for September were 45 out of 60 and for the first 10 days of October 8 out of 16. We have been unable so far to trace all these cases to verify the diagnosis, but it seems certain that there is considerable prevalence of paratyphoid in this unit. Hitherto the bulk of the men has been inoculated with typhoid vaccine only, not with T. A. B. We advised that inoculations with the latter vaccine should at once be undertaken. It is noteworthy that the men attacked are usually the young men who have not long joined the army.

18. *Dysentery*.—Satisfactory results appear to have been obtained at the hospitals (e.g., No. 61 I. S. H.) with saline treatment and we found only one instance (No. 15 C. C. S.) of indiscriminate use of emetin such as we referred to in the Basrah report. It was ascertained that at some hospitals no stock of anti-dysentery serum was available for the treatment of severe or refractory cases of bacillary dysentery. This serum should be available at all the hospitals.

HOSPITALS.

19. The following hospitals are located in the area :—

No. 61 I. S. H. nominal accommodation 1,000 beds, with convalescent section 300 beds.

No. 15 C. C. S. nominal accommodation 100 British beds and 300 Indian.

No. 20 C. C. S. nominal accommodation 100 British beds and 300 Indian.

No. 19 C. C. S. nominal accommodation 100 British beds and 300 Indian.

(One section of 19 C. C. S. separated as the Isolation hospital.)

No. 16 C. C. S. 300 British beds and Convalescent Camp.

Convalescent Camp.—We visited these hospitals, the general arrangements of which appeared to us excellent and needing no special comment here. For the hospitals as a whole, the admissions during August and September, respectively, have been from the corps area (transfers) 8,953 and 5,282; local cases (direct admissions) 1,496 and 1,393. Very few wounded are included in these figures.

BACTERIOLOGIST AND LABORATORY.

20. We had a demonstration, in the diphtheria outbreak above referred to, of the need for a bacteriological laboratory at Sheikh Saad. Quite apart from the demands of the hospitals, for which such a properly equipped laboratory is essential, it is often of first importance to have an immediate bacteriological diagnosis of cases of suspected infectious disease among drafts or other troops passing through the area on their way to the corps.

The suspected "enterica" cases in the 2nd Dorset Regiment form an instance in point.

We consider also that if such a laboratory were available much more could be done at present accurately to sort out and diagnose cases at the different hospitals, with the result that men would often be able to be retained for local treatment and return to duty without the delays of evacuation down the river.

MISCELLANEOUS.

21. It seems important that a small reserve of sanitary equipment such as latrine seats and tins, sacking for covering tins, canvas or matting for shelters, and incinerator bars, petrol cans, etc., should be maintained by the Sanitary Section for immediate issue to new units unexpectedly arriving in the area, so that their camps may be put in a good sanitary condition without delay. We met with some instances in which units had been unable to obtain some of these articles because their stay was supposed to be short.

22. In the case of redoubts, incineration often cannot be properly carried out and it would be well in these places to provide deep pits or trenches with fly-proofed box seats, at least while the sub-soil water is low.

We have the honour to be,

SIR,

Your obedient Servants,

(Sd.) ANDREW BALFOUR, *Lt.-Col., R. A. M. C.*
G. S. BUCHANAN, *Lt.-Col., R. A. M. C.*
H. G. LEDINGHAM, *Lt.-Col., R. A. M. C.*
C. M. WENYON, *Lt.-Col., R. A. M. C.*

SHEIKH SAAD, }

10th October 1916. }

